



Kansas Department of Health and Environment

Long Term Care Program

FACT SHEET

July 2002, Vol. 23, No. 3

www.kdhe.state.ks.us/bhfr

A NEWSLETTER ON REGULATIONS AND POLICIES AFFECTING LONG TERM

PLEASE ROUTE THIS *Fact Sheet* TO NURSING STAFF AND OTHER INTERESTED PARTIES IN YOUR FACILITY. THIS PUBLICATION MAY BE COPIED OR ACCESSED THROUGH THE INTERNET AT www.kdhe.state.ks.us/bhfr

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The Long Term Care Program Fact Sheet is a newsletter published by the Kansas Department of Health and Environment and sent quarterly to all nursing facilities, long term care units in hospitals, intermediate care facilities for the mentally retarded and nursing facilities for mental health. This newsletter provides important up-to-date information concerning regulations and policies that affect long term care providers.

Semi-Annual Report

The semi-annual report completed by nursing facilities, assisted living and residential health care facilities result in a series of reports available to the public. In recent years, there has been a significant increase in the number of requests for this information. As a result, the department will be posting two of the reports on the KDHE website. The Occupancy Report for nursing facilities, assisted living/residential health care facilities and staffing Reports for nursing facilities will be posted as soon as the reports are processed. It is very important that administrators and operators review the reports for accuracy before submission to the department.

Almost a third of the reports returned to the bureau in January had math errors. Also, there has been a significant problem with facility staff not returning calls when errors are identified on reports. Bureau staff spent many hours contacting facilities to correct obvious errors. Please note that the reports for nursing facility and assisted living/residential health care facilities have been separated and are printed in different colors.

It is hoped that this change will decrease errors in those facilities with both types of licensed care.

Enclosed with this *Fact Sheet* is the Long Term Care Semi-Annual Report for the six month reporting period from January 1, 2002 through June 30, 2002. **The deadline for filing this report is July 15, 2002.** K.A.R. 28-39-163(d) and K.A.R. 28-39-240(i) states that administrators and operators are required to file semiannual reports and annual reports with the department. A detailed instruction sheet is enclosed with the report forms. The Semi-Annual Report can also be found on the internet at www.kdhe.state.ks.us/bhfr/.

Sandra Dickison, within the bureau, is responsible for managing the reports. If you have any questions, please contact Sandra at (785) 296-1245.

ABC's of Providing Long Term Care in Kansas

On March 12 the first *ABC's of Providing Long Term Care* in Kansas was conducted in Topeka. Although only one third of the individuals who pre enrolled were in attendance, the response was very positive. The three hour sessions gave providers and potential providers the opportunity to discuss their specific concerns with staff of state agencies. The next *ABC's of Long Term Care* is

planned for July 18 in the auditorium of the Kansas Masonic Home in Wichita. The Masonic Home is located just off of West Kellogg on Seneca Street. Parking is available on the west side of the campus. Attached to this issue of the FACT SHEET is an enrollment form. Participants are asked to complete the form and return it to KDHE.

The *ABC's of Long Term Care* is intended to provide an opportunity for agency staff to share information with current and potential providers on federal and state regulations and programs related to long term care services in Kansas. Representatives will be available from the State Fire Marshal's Office, the Kansas Department of Health and Environment and the Kansas Department of Aging. Pre-enrollment is requested to ensure that appropriate staff are present and handouts are available for attendees. KDHE and KDOA are grateful to the Kansas Masonic Home for agreeing to host this event.

Physician Drug Sample

The use of physician drug samples in adult care homes and long term care units of hospitals was recently reviewed by bureau staff. Discussions were held with the Kansas Board of Pharmacy and the Kansas Board of Healing Arts concerning their regulations and their impact on this issue. It was determined that Kansas statutes and regulations do not provide for the administration of drug samples to residents by staff employed by a health care facility.

Residents have the right to self administer medications if it is determined that this function can be performed safely. Residents who are able to self administer their medications often decide to have facility staff perform this function. There will be instances when a resident may not be able to self administer all their medications, but could self administer one medication safely. In the event a resident, who has the cognitive and physical ability to self administer medication, could choose to self administer a sample drug provided by their physician. This activity would need to be identified in the resident's care plan/negotiated service agreement. Facility staff would be responsible for monitoring the action of the drug and notifying the resident's physician of any noted side effects. The sample drugs must be stored in a locked box or locked drawer accessible to the resident. The resident must maintain the key to the box or drawer in a safe manner. A second key must be kept with the medication room key or drug cart key used by staff who administer medications.

Family members may administer the sample drug to residents whose cognitive or physical abilities prevent them from self administering medications. Again, staff must determine that the family member can safely and accurately administer the sample drug. This process must be identified in the care plan/negotiated service agreement. The facility will be responsible for monitoring the effect of the drug on the resident and report any concerns to the resident's physician promptly. The drugs may be stored in

the resident's bedroom or unit in a locked box or drawer. The family member responsible for administration may keep the sample drug in their possession.

The regulations for adult care homes require that drugs and biologicals be labeled by a pharmacist. Board of Healing Arts regulations allow physicians to dispense drugs that the physician purchases. The labeling requirements for drug dispensed by a physician are similar to those requirements for pharmacists. Physician dispensed drugs can be administered by staff in an adult care home. Sample drugs are **not** purchased by a physician and therefore are not covered by the dispensing regulation. Staff in adult care homes and long term care units of hospitals cannot administer sample drugs given to a resident by a physician.

Questions related to this issue should be directed to Patricia Maben, Director, Long Term Care Program at 785-296-1240 or pmaben@kdhe.state.ks.us

New Quality Indicators Developed by CMS

The Centers for Medicare and Medicaid Services will be releasing nursing home quality measures for Medicare/Medicaid certified facilities to consumers later this year. The nursing home quality measures will be derived from the Minimum Data Set information submitted by each facility to the state MDS repository. The intent is to provide consumers another source of information about how well nursing homes are caring for their residents' physical and clinical needs. A pilot project using a set of quality indicators developed by a CMS contractor has been completed in six states. The information listed below is based on information provided by CMS on their website. The final set of quality indicators may be different from those listed below as CMS is still in the process of analyzing information obtained from a pilot demonstration conducted in six states.

Two distinctive populations in the nursing home will be measured. Residents in the facility for more than 90 days (chronic or long-term care residents) and residents in facilities for less than 90 days (post acute care residents). The pilot included the following measures:

7 Measures for Chronic Care Residents: residents in facility for more than 90 days

- Late loss ADL decline
- Prevalence of infections during the 7 day period before assessment
- Unplanned weight loss prevalence (5% in last 30 days or 10% in last 180 days)
- Inadequate pain management during the 7 day period before assessment
- Developing and healing pressure ulcer prevalence
- Use of daily physical restraints during the 7 day period before assessment
- Inappropriate use of anti-psychotics during the 7 day period before assessment

3 Measures for Post-Acute Care Residents: residents in facility for less than 90 days

- Prevalence of symptoms of delirium
- Inadequate pain management during the 7 day period prior to assessment
- Improvement in walking from the first to the second assessment

All ten of the above measures are risk adjusted and take into consideration certain resident characteristics that may predispose the resident to a condition (for example, exclusion of residents with a psychiatric diagnosis from the inappropriate use of anti-psychotic measure).

Risk adjustment attempts to account for nursing home admitting practices that may affect a nursing home's overall resident case mix. This ensures fairness for homes that treat a more acute or dependent resident population. Measures may be reported either as positive (improvement in walking) or as negative (inadequate pain management) statements. Rates for these measures may not be identical to the indicators that are currently used for quality indicators reports used by surveyors. Facilities can access information on this issue at

http://cms.gov/providers/nursinghomes/nhi/Overview3_11.asp.

E-mail Distribution List

Kay Jenista, MDS Educator, is developing an e-mail distribution list for nursing facilities/long term care units, and swing bed hospitals. She will be using e-mail to notify facilities and agencies of changes related to the MDS process. There were recent changes on the MDS Welcome page viewed by facility staff when transmitting MDS assessments. The bulletin section is no longer available on the initial page. Ms. Jenista will check the CMS sites routinely and transmit e-mails to MDS coordinators and other interested persons when new information is available on the CMS website. She will also provide additional information as needed to assist MDS coordinators and others involved in the MDS process. It will be very important for facilities to notify Ms. Jenista of changes in e-mail addresses.

MPAF - New MDS Form for Use by Skilled Nursing Facilities

The Centers for Medicare and Medicaid Services has developed a new MDS Medicare PPS Assessment Form (MPAF). This shortened version of the MDS may be used when the facility is submitting an assessment for Medicare payment only. This is an optional form. If a facility continues to submit a full assessment for PPS only reasons, the extra MDS items (not on the MPAF form) will be ignored by the data system and will not be stored in the

state database. If a clinical quarterly assessment is due the same as the PPS assessment, the MPAF may be used to meet both requirements. No errors or warnings will occur because a full assessment is submitted for PPS reasons. Information about the form and facility options in using the form can be found at

www.hcfa.gov/medicaid/mds20/whatsnew.htm.

Informal Conflict Prevention and Informal Dispute Resolution Policy

In 1991, KDHE initiated an informal conflict prevention procedure. The intent was to provide an opportunity for resolution of disagreements between providers and survey staff. In 1995, CMS developed an informal dispute resolution process to be used in certified nursing facilities. This process provides an opportunity for dialog between providers and survey staff.

At the entrance conference, surveyors provide the administrator or operator with a copy of the policy. It is very important that the administrator or operator read the policy carefully. There are specific time frames that need to be followed. It is important to note that entry of the facility's survey results and report to CMS does not occur until after the Informal Dispute Resolution process has been completed. Providers who have questions about the policy and how it is implemented are encouraged to contact the regional manager in their area.

Deficient Practice F371

One year ago F371 (Store, prepare, distribute food under sanitary conditions) was the tenth most frequently cited deficiency. Nineteen percent of facilities received this deficient practice statement.

In June 2002, F371 is the fourth most frequently cited deficiency. Twenty six percent of facilities received this deficient practice citation. Deficient practice statements were reviewed for patterns. There was a wide variety of deficient practices. Some of the deficient practices identified were hand washing, proper use and testing of water temperature and sanitizer concentration of the dish machine and 3 compartment sinks; holding cold potentially hazardous food below 45° Fahrenheit (F); holding potentially hazardous hot foods above 140° F; safe thawing of potentially hazardous foods; storing foods to prevent cross contamination; proper labeling and dating of opened food items; having a system in place to prevent the use of foods from cans with significant dents; not stacking and storing dishes until they are air dried; and following facility food service cleaning schedules.

Credentialing Update

- **Prohibition of NATCEP Charges**

Health Occupations Credentialing has been alerted by several sources that some certified nursing facilities are

deducting nurse aide training expenses from employees' paychecks, or requiring employees to sign a contract stating that if the individual does not remain employed with the facility for a specified amount of time, the employee is to reimburse the facility for their training expense. This is in violation of 42 CFR 483.152(c).

"No nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program (including any fees for textbooks or other required course materials)." In addition, if a nurse aide receives an offer of employment within 12 months of the course, the nurse aide must be reimbursed for the cost of the course.

Nurse aide training expenses are an allowable cost on the Kansas Medicaid nursing facility financial and statistical report. These expenses should be reported on line 181a- Nurse Aide Training."

• **New Options for Schools and Adult Care Homes**

The process for updating a nurse aide's eligibility for employment has been revised. An instructional laboratory setting can now be as a setting for the testing. The form has a new title, **Kansas Nurse Aide Task Checklist for Employment Verification**. It is available on the KDHE website, or it can be obtained by contacting Martha Ryan at (785) 296-0058 or mryan@kdhe.state.ks.us. A registered nurse must conduct the evaluation of the nurse aide's competencies and complete the checklist. Nurse aides who have not been employed as a nurse aide for 24 months or are unable to obtain employment verification information for the previous 24 months can use this process to meet the retraining requirements in order to be placed on the nurse aide registry.

Health Occupations Credentialing (HOC) has developed a **refresher course for nurse aides**. The course is designed to be used as an alternative to the Kansas Nurse Aide Task Checklist for Employment Verification. Course requirements include the following:

- Sponsored by an approved sponsor;
- course application submitted three weeks prior to the starting date of the course;
- instructor approved to teach the 90-hour nurse aide course; and
- rosters and identification slips sent to HOC at the conclusion of the course.

When HOC is notified that a nurse aide has successfully completed the Nurse Aide Task Checklist for Employment Verification or the refresher course, the registry will be updated to reflect that the nurse aide is eligible for employment.

The refresher course guidelines and relevant materials for the refresher course are on the website at

www.kdhe.state.ks.us/hoc. You may also contact Dolores Staab at (785) 296-6796 or email her at dstaab@kdhe.state.ks.us.

• **Criminal Record Checks**

Beginning July 1, 2002, the fee for a criminal record check will increase from \$7.50 to \$10.00. Prepaid forms purchased prior to July 1, 2002 may be used without the additional increase in the fee. If you have any questions, please contact Steve Irwin at (785) 296-8628 or Sarita Everett at (785) 296-6958.

• **HOC Embarks on Pilot Program with KU**

HOC, in cooperation with the KU Testing Services, has embarked on a pilot program to utilize telecommunications to speed up the time between testing and certification of nurse aides and home health aides. For security reasons, the tests have been required to be mailed. This process was costly and time-consuming.

HOC is working with four technical schools/community colleges. The answer sheets are mailed directly to KU. The tests are graded and the scores are e mailed to HOC and to the school. Currently answer sheets come to HOC from the 20-plus test sites statewide and are batched to KU monthly. As another component of the collaboration with KU, test results from all testing sites are now e-mailed rather than mailed to HOC. This has reduced the time between testing and the nurse receiving the certificate. It is anticipated that this new process will allow nurse aides to be employed three weeks than can occur with the current process.

For more information, please contact Betty Domer at 785-296-1250 or bdomer@kdhe.state.ks.us.

• **Home Health Aide Trainee II**

Beginning May 1, 2002, a nurse aide may work for a home health agency as a home health aide (HHA) trainee II once the nurse aide enrolls in a home health aide (HHA) course and has been found to meet a set of competency standards. A registered nurse employed by the home health agency must attest to a set of competencies not covered in the nurse aide curriculum. The HHA course and test must be successfully completed within 90 days of employment. An attestation form ("Home Health Aide Trainee II - Documentation of Competency for Employment") lists the minimum competencies the aide must meet to be employed as a home health aide trainee II. The signed attestation form must be maintained in the home health trainee II's personnel file along with the Kansas Nurse Aide Registry confirmation letter. Surveyors were informed about this new procedure and the necessary documentation at the KDHE Surveyor Conference on April 29, 2002. Forms are available from HOC by calling 785-296-1250 (Betty) or 785-296-1284 (Tania). For more information about the Home Health Aide Trainee II

attestation, please call Martha Ryan at 785-296-0058, or e-mail mryan@kdhe.state.ks.us. The form can be found on HOC's web site at www.kdhe.state.ks.us/hoc.

This collaborative initiative is a result of activities of the HOC Advisory Group. The advisory group includes stakeholders in the home health and nursing home industry as well as schools and educators who train future employees for the long term care industry.

O Resources for Quality Care

g Diabetes Update 2002

In a recent continuing education program Richard Guthrie, MD, CDE encouraged reducing the use of sliding scale insulin orders. The reasons sliding scale orders are discouraged include

- 1) they are retroactive and not proactive
- 2) no consideration of time of day
- 3) no consideration of food intake
- 4) no consideration of body weight
- 5) no consideration of previous therapy
- 6) only correct previous errors but do not improve future blood glucose control

With proper diet, activity, current insulins and monitoring of fasting, pre meal and 2 hour post meal, bedtime and pred/awn blood glucose levels and hemoglobin A1c (HbA1c), it is possible to meet the new blood glucose+ guidelines and prevent hypoglycemia. Improved blood glucose control can prevent most of the complications of Diabetes.

2002 Clinical Practice Guidelines can be accessed at the American Diabetes Association website. http://care.diabetesjournals.org/content/vol25/suppl_1/ If you are unable to go directly, select the professionals section at <http://www.diabetes.org>

g "Evaluating Your Puree-A Case Study"

This study can be used as an example to health care facilities to evaluate the production of texture altered foods. J Hodges PhD, RD, LDN, FADA, The Consultant Dietitian, Spring 2002, p14-15

ANE ISSUE STATISTICS 3/1/02 to 5/31/02
Hotline Calls Assigned for Investigation

*Licensure Category	Total	Facility ANE	Non-fac ANE	General Care	Correction Orders
		606	38	33	2002 Quarters
				1 st	2 nd 3 rd 4 th
Inappropriate or unauthorized use of restraint	176		9	11	8
Inadequate Policies & Procedures regarding Infection Control	231		17	9	9
Inadequate Range of Motion (ROM) Services	199		12	11	4
Inadequate Inservice Education				0	
Disaster Preparedness				0	
Inadequate Policies & Procedures for Special Care Unit (SCU)				0	
Inadequate supervision				0	
Inadequate or inappropriate hygiene and skin care				0	
Inadequate or unqualified staffing				3	
Unsafe medication administration or storage				3	
Inadequate or inappropriate dietary/nutritional services				1	
General sanitation and safety				1	
Inadequate accounting of funds				0	
Inadequate administration				0	
Other:					
ANE issues				0	
Inappropriate admissions				0	
Resident Functional Capacity Screen				3	
Negotiated Service Agreement				7	
Health Care Services				7	
Inadequate documentation of resident records				0	
Civil Penalties				4	
Correction Orders				15	
Bans on Admission				7	

*A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.

FEDERAL REMEDIES -CATEGORIES 2 & 3 - 2002 Quarters

	1st	2nd	3rd	4th
Civil Monetary Penalties Recommended	7			
Denial of Payment for New Admissions Imposed	12			
Terminations	0			
NOTC (No opportunity to Correct)	28			

ABC'S OF PROVIDING LONG TERM CARE IN KANSAS

The Department on Aging and the Department of Health and Environment will hold a meeting for current and potential providers of long term care services. The purpose of this meeting is to provide an opportunity for agency staff to share with potential and current providers information about regulations and programs related to long term care services for adults in Kansas.

Topics will include the following:

- How to apply for a license to operate an adult care home or home health agency. Adult care homes include nursing facilities, assisted living/residential health care facilities, home plus and adult day care.
- Life safety code requirements for new facilities and when remodeling an existing facility.
- How to enroll for Medicare/Medicaid certification.
- Providing adult day care, dementia care or respite care in a licensed adult care home.
- Preadmission Screening and the CARE program in Medicaid certified nursing facilities and distinct part units of hospitals.
- Home and Community Based Services waiver program
 - What is HCBS/FE?
 - What services may be provided under HCBS/FE?
 - Who can be a HCBS provider and how do you enroll in the program?
- Kansas Medicaid program in nursing facilities and distinct part units of hospitals

TARGET AUDIENCE: Persons considering seeking licensure and/or certification as a provider of long term care services and current providers

ENROLLMENT: Limited to 45 persons per session. Pre enrollment is requested.

PLACE: Kansas Masonic Home, 401 South Seneca Street, Wichita
Parking is located on the west side of the facility

DATE: July 18, 2002

TIME: **Session I 9:00 AM to 12:00 Noon** **Session II 1:00 PM to 4 PM**

N Enrollment Form N

ABC'S OF PROVIDING LONG TERM CARE IN KANSAS

Name _____

Address _____

Day-time phone number _____

' Current provider " Potential provider

TYPE OF LICENSURE - CHECK ALL THAT APPLY.

- " Nursing facility
- " Home Health Agency
- " Home Plus
- " Assisted Living/Residential Health Care
- " Adult Day Care

AREAS OF INTEREST - CHECK ALL THAT APPLY.

- _____ How to apply for a license
- _____ Preadmission screening & CARE Program
- _____ Life Safety code requirements for health care facilities
- _____ Home & Community Based Serv Waiver Program
- _____ How to enroll for Medicare/Medicaid certification
- _____ Kansas Medicaid Program
- _____ Providing adult day care, respite care or dementia care in an adult care home

INDICATE SESSION:

" Session I 9:00 AM to 12 Noon " Session II 1:00 PM to 4:00 PM

PLACE: Kansas Masonic Home, 401 South Seneca Street, Wichita
Parking is located on the west side of the facility

DATE: July 18, 2002

**f RETURN THIS ENROLLMENT FORM TO TAMARA WILKERSON,
CERTIFICATION COORDINATOR, BHF, KDHE, 1000 SW JACKSON, STE 330,
CURTIS STATE OFFICE BUILDING, TOPEKA, KS 66612-1365f**